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Application Number: 10/663,532

Filing Date: 9/16/2003

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1. Fee Transmittal
2. Response to 11/15/2005 Restriction Requirement

Total Pages Transmitted: 5
571-273-8300
BE1-0028US
Confirmation No. 3579

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PTO/SB/17 (12-04)

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL
For FY 2005** Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$0)

Complete if Known

Application Number	10/663,532
Filing Date	9/16/2003
First Named Inventor	Rivers et al.
Examiner Name	Tajash D. Patel
Art Unit	3765
Attorney Docket No.	BE1 - 0028US

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 12-0769 Deposit Account Name: Lee & Hayes, PLLC

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Fee (\$1) 50 Fee (\$1) 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

Fee (\$1) 200 Fee (\$1) 100

Multiple dependent claims

Fee (\$1) 360 Fee (\$1) 180

Total Claims**Extra Claims****Fee (\$)****Multiple Dependent Claims****Fee (\$)****Fee Paid (\$)**

- 20 or HP = _____ x 50 = _____

HP = highest number of total claims paid for, if greater than 20

Indep. Claims**Extra Claims****Fee (\$)****Fee (\$)****Fee Paid (\$)**

- 3 or HP = _____ x 200 = _____

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)

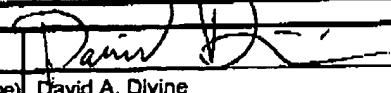
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	_____	_____

Fee Paid (\$)**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other: _____

SUBMITTED BY		Registration No. (Attorney/Agent)	51,275	Telephone (509) 324-9256
Signature	Date 12/14/05			
Name (Print/Type)	David A. Divine			

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE DEC 14 2005

Application Serial No.	10/663,532
Filing Date	September 16, 2003
Inventorship	Rivers et al.
Applicant	BellSouth Intellectual Property Corporation
Group Art Unit	3765
Examiner	Tajash D. Patel
Attorney's Docket No.	BE1-0028US
Title: PROTECTIVE GARMENT	

RESPONSE TO NOVEMBER 15, 2005 RESTRICTION REQUIREMENT

To: **Mail Stop Amendment**
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

From: David A. Divine (Tel. 509-324-9256 x233; Fax 509-323-8979)
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INTRODUCTORY COMMENTS

This communication is responsive to the Restriction Requirement dated November 15, 2005, for which the one-month shortened statutory period for response is set to expire on December 15, 2005.